

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

PA1 NT

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Goetzke et al.**
CHRONIC PAIN PATIENT IDENTIFICATION SYSTEM

CERTIFICATE UNDER 37 CFR §1.10 I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D C 20231, "EXPRESS No EL084632579US, on this 27 day of April, 2001.

Teresa D. Morgan
Printed Name

Signature

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

X **Patent Application Transmittal**
X **Specification:**

Total pages: 43 (including 1 Cover Sheet; Spec. 32 sheets; Claims 9 sheets; Abstract - 1

X **Drawings: 20 Sheets of Informal Drawings**
X **Unsigned Combined Declaration and Power of Attorney**
X **Return Postcard**

Address all future correspondence to:

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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	30	20	10	x 18	\$180.00
Independent Claims	4	3	1	x 80	\$ 80.00
Multiple Dependent Claims				+ 270	\$ 0.00
Basic Filing Fee					\$710 00
TOTAL					\$970.00

X Charge Deposit Account No. 13-2546 the sum of \$970.00 (Filing Fee) and for a total of **\$970.00.**

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

Date

27 APR 01

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